

Foster Family Home - Corrective Action Report

Provider ID: 1-090124

Home Name: Marites Fiesta, CNA

Review ID: 1-090124-7

94-1260 A Peke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/22/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person recertification made on 11/22/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/22/19.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- Current APS/CAN/Fingerprinting renewed on 4/25/19; expired on 4/12/19 for CG#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#3's bloodborne pathogen certificate dated January 2019 has no signature of trainer.

Foster Family Home Client Rights [11-800-53]

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(b)(1)- No signed Admission Policy and Agreements done for Client #1, Client #2, and Client #3 upon admission and or during stay in PCG's CCFFH.

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Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1, Client #2, and Client #3.

For Client #1- 5 medications/creams were expired; 1 weekly medication signed by CG#1 in the MAR for 11/3/19- no signatures noted for 11/10/19 and 11/17/19. 1 medication does not match MD order, MAR and bottle label.

For Client #2- No MAR for November 2019 present in client's chart.

For Client #3 - 2 new medications were not transcribed in MAR; 1 of those medications with 2 days of missed doses. 1 medication had no signature of CG#1 since 11/2/19.

54.(c)(6)- No current year progress note entry for Client #1- last entry 12/2018. For Client #3 last progress note entry was on 1/2019. Daily Task Flowsheet incomplete for Client #2 with last completed entry on 11/3/19.

Maikel Nakamure, PC
Compliance Manager

Martha Fash
Primary Care Giver

11/22/19
Date

11/22/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Marites M. Fiesta**

CCFFH Address: **94-1260A Peke Place, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	CG#1 showed the current APS/CAN/ Fingerprinting of CG#3 to CTA Compliance Manager during home inspection and document was placed in home binder.	11/22/19	CG#1 will use an iPhone calendar to schedule alidue dates 2 months in advance to prevent future lapses.
41.(b)(8)	CG#1 verified the attendance of CG#3 and had the trainer sign the certificate and filed in home binder.	11/25/19	CG#1 will check all certificates submitted by caregivers for completeness prior to filing the documents in home binder.
53.(b)(1)	CG#1 explained the Admission Policy and Agreements to Client #1/POA, Client #2/ POA, and Client #3/POA; signatures were obtained and copies were given to each. Documents were filed in home binder.	11/23/19	CG #1 made a list of necessary documents that included the CCFFH Admission Policy and Agreements to ensure that it will be done upon admission of clients to home.
54.(c)(5)	CG#1 properly discarded expired medications. Contacted CMA RN and MD to correct medications discrepancies.	11/23/19	CG#1 will look at all medications orders, bottles and Medication Administration Record to ensure that all match prior to administering any new medications and will inform CMA RN, MD/Pharmacy if they are not the same.
54.(c)(6)	CG#1 contacted CMA RN to educate caregivers on proper documentation.	11/23/19	In the future, CG#1 and caregivers will timely chart and document any changes to clients' conditions.

Primary Caregiver's Signature: *Marites M. Fiesta*

Print Name: **Marites Fiesta**

Date of Signature: *12/15/19*